

FILED JAN 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

94236-57

45381

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Unionville <u>0860</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe Hospital				Length of stay in 1b		d. STREET ADDRESS City (If outside, give location)	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Lisa Middle Gaye Last Lorence				4. DATE OF DEATH Month Dec. Day 12 Year 1957			
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec 12 1957	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Unionville	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13. FATHER'S NAME Arthur Lee Lorence				14. MOTHER'S MAIDEN NAME Maurine Montgomery			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. none		17. INFORMANT Arthur Lee Lorence-Unionville, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurely Gonorrhea Causing hypostatic thrust in lungs which produced infarct DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH 5 1/2 hours
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 3							774 X
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		Month _____ Day _____ Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Dec 12-57 to Dec 12 and last saw her alive on Dec 12-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Chas L. Spalding				22b. ADDRESS Unionville Mo		22c. DATE SIGNED 12/13/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 12-13-57		23c. NAME OF CEMETERY OR CREMATORY Unionville Cem		23d. LOCATION (City, town, or county) (State) Unionville, Mo.	
24. FUNERAL DIRECTOR F. O. Husted & Son-Unionville, Mo				25. DATE RECD. BY LOCAL REG. 12-28-57		26. REGISTRAR'S SIGNATURE Marcell Durbin	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 330

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.